

# CHAPTER 3

## MORBIDITY



### 3. MORBIDITY

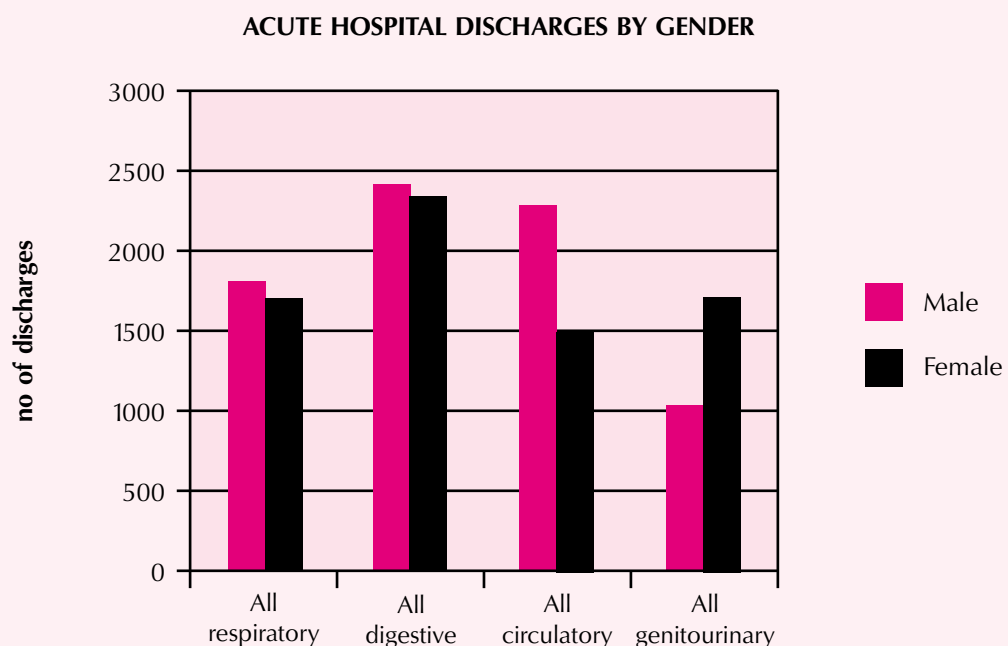
*I would say I would never have ever seriously thought about, personally, how my health was... and like the thought of going to a doctor, I mean, I wouldn't have had a check-up in, (pause) actually I never had a check-up (M42, Richardson 2003d).*

- It is important to remember that when comparing male and female morbidity one must also consider the different age structure of the male and female populations. Diseases which are prevalent mainly in the elderly will tend to show a female excess simply because there are more elderly females than males (Mant and Silagy 1998).
- In Northern Ireland, 33% of males reported having a long-standing illness and 24% of males reported that they had a long-standing illness that limited their activities (NISRA 2002).
- In a study by NISRA, 12% of males compared to 19% of females interviewed had consulted a GP in the previous 14 days. Those aged 45 years and above were more likely to have consulted a GP than those aged under 45 (NISRA 2002).

*...health is something, well in my own case that wouldn't come into the equation, I think, yeah, I'll worry about that in twenty or thirty years down the road. I think definitely the younger you are you have that feeling of invincibility (M24, Richardson 2003d).*

- In 1998, males were admitted to hospitals in the RoI more often than females for all major diagnostic categories, with the notable exception of genito-urinary diseases (See Figure 1.4).

FIGURE 1.4 ACUTE HOSPITAL DISCHARGES  
BY GENDER IN THE ROI 1998



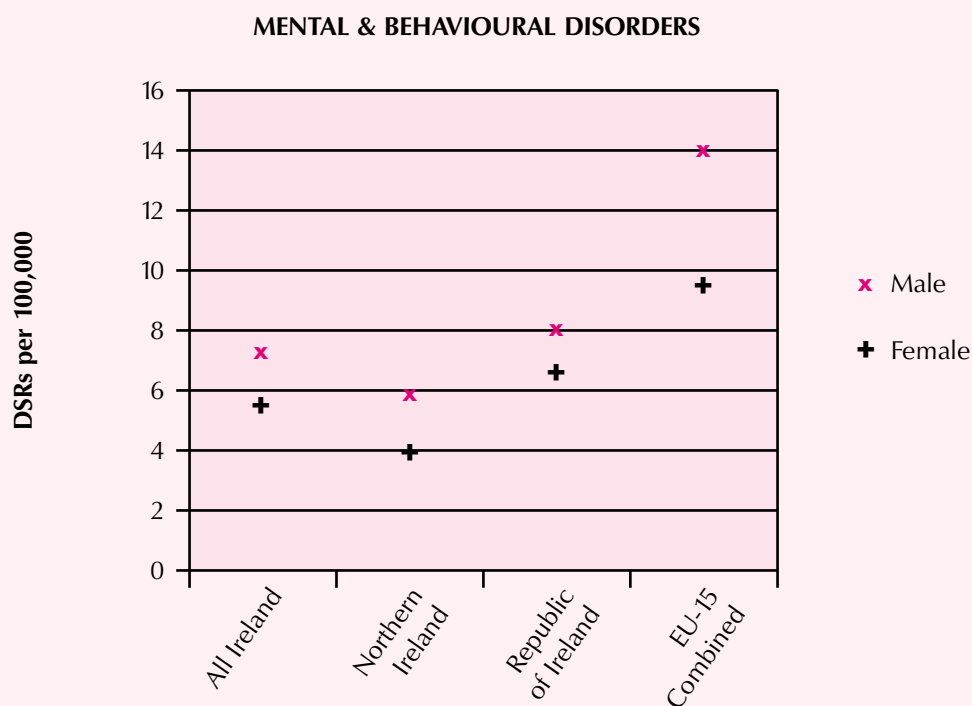
Sources: Public Health Annual Report (2002).

## 3.1 MENTAL AND BEHAVIOURAL DISORDERS

*Denial of depression is one of the means men use to demonstrate masculinities and to avoid assignment to a lower status position in relation to women and other men (Courtenay 2000: p.1397).*

*...men keep their problems to themselves very much. Women talk among themselves better than men would among themselves so you probably bottle it up... that's just the way we are... maybe we're conditioned that way... it's that macho bit or it's some sort of weakness that you're admitting to or something like that (M47, Richardson 2003d).*

FIGURE 1.5 ANNUAL DIRECTLY STANDARDISED MORTALITY RATES (PER 100,000 PERSONS), BY JURISDICTION 1989-1998



Sources: The Institute of Public Health in Ireland (2001).

### ■ Key Facts

- During 1989-1998, an average of 350 people died each year on the island of Ireland as a result of mental and behavioural disorders; 170 of whom were male (Balanda and Wilde 2001).
- The all Ireland annual standardised death rate was significantly higher for males than it was for females. This was true in both NI and RoI (*ibid*).
- When compared to the combined EU-15 countries the all Ireland standardised death rate for males was lower (*ibid*).

- According to Prior and Hayes (2001), the relationship between gender and mental disorder remains a highly complex and contentious issue. Claims and counter-claims abound as to which gender, male or female, is the most vulnerable to mental disorder.

- According to the Health Research Board (2001a), single males had the highest rate of psychiatric hospitalisation, at 329.7 per 100,000 population. Over half of all resident patients in health board hospitals (59%) and general hospital psychiatric units (51%) in the RoI were male.
- In comparison to England, it could be estimated that the mental health needs in Northern Ireland are potentially 21% higher for men. In Northern Ireland the prevalence of mental illness amongst men rises more steeply with age than in either England or Scotland (McWhirter 2002).
- In both NI and the RoI there were clear occupational class gradients in mortality from mental and behavioural disorders. In both jurisdictions the annual directly standardised mortality rate in the lowest occupational class was significantly (over 360%) higher than the rate in the highest occupational class (Department of Public Health 2001). In NI, potential mental health problems were lowest in the professional/managerial and the skilled manual groups, and highest in the partly skilled group (McWhirter 2002).
- According to Stakelum and Boland (2001), the male sex role stereotype demands that men be healthy, strong and self-sufficient. Often in an attempt to maintain a self-image consistent with society's expectations to be manly, men become more reluctant, not just to admit, but often recognise, their physical and mental health needs. Furthermore, men who have traditional attitudes towards masculinity are often inclined to suppress their emotions, which may partly explain the lower rate of mental health problems reported among males. However, suppressing emotions is only a short-term solution, and eventually such emotions will surface in some way or another. A common reaction among men when this happens is to act out their emotions by engaging in fast driving, hard drinking and other risk-taking behaviours.